



Oath of Candidacy and Petition for Nomination of Independent, Minor Party or Indigent Candidate

A candidate may only withdraw from candidacy by filing with the proper filing officer a notarized statement stating the reason for withdrawal no later than 5:00 p.m. on the last day to file for a primary election or no later than 85 days before the general election.

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____

Document # _____

By: _____
Deputy or Filing Officer

DECLARATION AND OATH TO BE FILED WITH ☐ SECRETARY OF STATE ☐ COUNTY ELECTION ADMINISTRATOR

Filing for office of _____ ☐ Independent ☐ Minor Party ☐ Indigent

Candidate for the: ☐ Primary ☐ General ☐ Other (_____) election to be held on _____, 20____

Candidate Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____
Street or PO Box City Zip

Residence Address: _____
Street City Zip

County of Residence: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, PLEASE COMPLETE THE FOLLOWING INFORMATION

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

☐ (a) I hereby certify that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, **OR**

☐ (b) I hereby certify that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

Filing Fee

☐ Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.

☐ Candidate statement of indigency. I hereby declare that I am unable to pay the filing fee set by law for the office for which I am filing, and request that my name be placed on the ballot through the Petition process without payment of the statutory fee.

OATH OF CANDIDACY - **CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THE FORM IS FILED**

I hereby certify that I am a citizen of the United States and a resident of the state of Montana, and do affirm that I possess the qualifications prescribed by the Constitution and laws of the United States and the state of Montana.

Signature of Candidate _____ Date _____

NOTARY OR AUTHORIZED OFFICER

State of Montana

County of _____

Signed and sworn to before me this _____ day of _____, 20____ by _____.

Printed Name of Candidate

Where to file for Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
State Capitol, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
Online: candidates.mt.gov
By Fax: 406-444-2023

Where to file for County, City and most Local District offices:

County Election Administrator's Office
A list of county election offices may
be found at: sos.mt.gov/elections

[SEAL/STAMP]

Signature of Notary or Public Official
[Montana notaries must complete the following if not part of
stamp at left]

Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____



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DECLARATION AND OATH TO BE FILED WITH ☐ SECRETARY OF STATE ☐ COUNTY ELECTION ADMINISTRATOR

Petition for Nomination of _____ as an ☐ Independent ☐ Minor Party ☐ Indigent
Candidate for the office of _____ in the ☐ Primary ☐ General ☐ Other _____ Election to
be held in the state of Montana on _____, 20____, as provided by law.

WARNING - A person who purposefully signs a name other than the person's own to this petition, who signs more than once for the same issue at one election or who signs when not a legally registered Montana voter is subject to a \$500 fine, 6 months in jail, or both. Each person is required to sign the person's name and list the person's address or telephone number in substantially the same manner as on the person's voter registration card or the signature will not be counted. In place of a residence address, the signer may provide the signer's post-office address or the signer's home telephone number.

Signature	Date Signed	Residence Address <u>or</u> Post- Office Address <u>or</u> Home Telephone Number	Printed Last Name and First and Middle Initials	Legislative Rep. District Number	County of Residence	Office Use Only
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

COUNTY _____
Must be accompanied by Oath of Candidacy



Affidavit of Petition Signature Gatherer

An affidavit must be attached to each sheet or section submitted to the election administrator. Separate sheets of a petition may be fastened to this affidavit in sections of not more than 25 sheets.

AFFIDAVIT FILED WITH ELECTION ADMINISTRATOR

I, _____,
(printed name of person who is the signature gatherer)

swear that I gathered the signatures on the petition to which this affidavit is attached on the stated dates, that I believe the signatures on the petition are genuine, are the signatures of the persons whose names they purport to be, and are the signatures of Montana electors who are registered at the address or have the telephone number following the person's signature, and that the signers knew the contents of the petition before signing the petition.

Date on which the first signature was gathered

Signature of petition signature gatherer

Address of petition signature gatherer

City, state and zip code

STATE OF MONTANA)

County of _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of **notary public** or other person authorized to take oaths

Typed, stamped, or printed name of **notary public** or other person authorized to take oaths

Notary Public for the State of Montana

SEAL

Residing at _____
(city or town of residence)

Commission Expires _____, 20_____